MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 129

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village

City Miami No. 327 South Ist St., Globe, Arizona Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Noles Thompson (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Nov. 27, 1933. (Month, day, year)

FATHER	MOTHER
9. Full name Elmer James Thompson Jr.,	18. Full maiden name Elvera Thomas
10. Residence (usual place of abode) (If nonresident, give place and State) Roosevelt, Arizona.	19. Residence (usual place of abode) (If nonresident, give place and State) Roosevelt, Arizona.
11. Color or race Cauc 12. Age at last birthday 24 (Years)	20. Color or race Cauc 21. Age at last birthday 19 (Years)
13. Birthplace (city or place) (State or country) Galveston, Texas.	22. Birthplace (city or place) (State or country) Denver, Colo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Tender	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Roosevelt Dam Power house.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead O (c) Stillborn O

28. If stillborn, period of gestation (months or weeks) | 29. Cause of stillbirth (Before labor; During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive I 45/A on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Cyril M. Cron, M. D.

or Midwife

Given name added from a supplemental report (Date of)

Address Miami, Arizona.

Filed Dec. 6, 1933. Cyril M. Cron Registrar.

335-1129-537 Registrar.